



# Constable's Office

HENDERSON TOWNSHIP

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HENDERSON, NEVADA 89015  
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FAX  
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EARL MITCHELL  
Constable

## WRIT

TYPE: \_\_\_\_\_  
CASE #: \_\_\_\_\_  
FEES: \_\_\_\_\_

STREET: \_\_\_\_\_  
TO: \_\_\_\_\_  
TO: \_\_\_\_\_  
TO: \_\_\_\_\_  
TO: \_\_\_\_\_

### DEFENDANT

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### TYPE OF GARNISHMENT AND LOCATION TO BE SERVED:

#### ☐ WAGES

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Description: \_\_\_\_\_ Supv./Contact: \_\_\_\_\_

#### ☐ BANK ATTACHMENT

BANK: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### ☐ PROPERTY

BUSINESS: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### VEHICLE:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

OTHER: \_\_\_\_\_

Other Helpful Information: \_\_\_\_\_  
\_\_\_\_\_

### PLAINTIFF

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

### DEPUTY PORTION

#### SERVICE ATTEMPTS

1. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_  
2. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Explanation of Service: \_\_\_\_\_  
\_\_\_\_\_

Person Accepting Service: \_\_\_\_\_

DEPUTY SIGNATURE: \_\_\_\_\_